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| STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.<br>1100 NEW YORK AVENUE, N.W.<br>WASHINGTON, DC 20005   |   |                                 |  |   |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.   |                                       |                               |  |   |  |
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| APPLICATION NO.   | FILING DATE   |                                 | FIRST NAMED INVEN  |   |   | TOR ATTO   |                                       |                               | OCKET NO.  | CONFIRMATION NO.  |  |
| 09/901,558  | 07/10/2001  |                                 | Raphael Rahami   |   |   |  |                                       |                               | 580002   | 4803  |  |
| TITLE OF INVENTION  | SINGLE ENDED ANA  | LOG F                           | RONT END   |   |   |  |                                       |                               |  |   |  |
| APPLN, TYPE   | SMALL ENTITY  | ISS                             | UE FEE DUE   | PUBLICATION FEE DU  | Æ   | PREV. PAID ISSU  | . PAID ISSUE FEE TOTAL F              |                               |  | DATE DUE  |  |
| nonprovisional  | NO  |                                 | \$1510   | \$300   |   | \$0  |                                       | \$1810                        |  | 06/08/2009  |  |
| EXAMINER ELAHEE, MD S   |   |                                 | ART UNIT   | CLASS-SUBCLASS  |   |  |                                       |                               |  |   |  |
|   |   |                                 | 2614   | 379-399010  | _   |  |                                       |                               |  |   |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (3° CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol> |   |                                 |  | (1) the names of up<br>or agents OR, altern<br>(2) the name of a si<br>registered attorney<br>2 registered patent a   | r printing on the patent front page, list  the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a letted attorney or agent) and the names of up to isstered patent attorneys or agents. If no name is a no name will be printed.  Sterne, Kessler, Goldstein  2  & Fox, PLLC. |  |                                       |                               |  |   |  |
| 3. ASSIGNEE NAME AT<br>PLEASE NOTE: Unl<br>recordation as set forth<br>(A) NAME OF ASSIG<br>Broadcom Cor  | ess an assignee is identi<br>n in 37 CFR 3.11. Comp<br>GNEE |                                 |  | data will appear on the fasubstitute for filing (B) RESIDENCE: (CI  | e pat<br>an as<br>TY a  | ent. If an assign  |                                       |                               | below, the doc                                     | cument has been filed for   |  |
| Dioducom Cor  | poration  | Irvine, CA, USA                 | 4  |   |   |  |                                       |                               |  |   |  |
| Please check the appropri   | ate assignee category or                                    | categor                         | ies (will not be pri   | nted on the patent):  |   | ndividual Co   | orporat                               | ion or ot                     | her private grou                                   | p entity Government   |  |
| 4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  |   |                                 |  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form). |   |  |                                       |                               |  |   |  |
|   | SMALL ENTITY statu  | s. See 3                        | 7 CFR 1.27.  | b. Applicant is no l  | onge  | r claiming SMAI  | LL EN                                 | TITY sta                      | tus. See 37 CFF                                    | R 1.27(g)(2).   |  |
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| Authorized Signature  |   |                                 |  |   |   | Date_ 6  | 4                                     | 99                            |  |   |  |
| Robert E. Sokohl Typed or printed name  |   |                                 |  |   |   | Registration N   |                                       | 6,013                         |  |   |  |
| This collection of information application. Confident submitting the completed form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red   | 3-1450.   |                                 |  | om seres rolling  | 10  | ain a benefit by the test of take 12 related to tak | he publ<br>ninutes<br>mment<br>Traden | J 10. C                       | ommissioner to                                     | by the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450, |  |

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